



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of: : Examiner: **J. E. Chapman**  
Breslin :  
Serial No.: **10/042,857** : Group Art Unit: **3635**  
Filed: **January 11, 2002** : Date: **August 22, 2003**

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**FOR: PADDING DEVICE FROM AN ABOVE-GROUND POOL AND ITS ASSOCIATED METHOD OF INSTALLATION**

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Mail Stop Non-Fee Amendment  
Commissioner of Patents and Trademarks

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(Date of Deposit) *August 22 2003*

(Signature and Date) *[Signature]* 8-21-03

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**AMENDMENT** SEP 03 2003  
**GROUP 3600**

Sir:

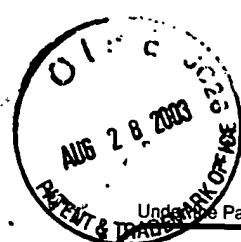
Pursuant to the Official Action dated May 22, 2003 and received in regard to the above-identified application, please enter the following amendments and remarks.

**IN THE CLAIMS**

Delete Claims 2, 10 and 12.

Please amend the claims as follows:

#3/A  
D Nas  
9/5/03



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/042,857
		Filing Date	01/11/2002
		First Named Inventor	Breslin
		Group Art Unit	3635
		Examiner Name	J. E. Chapman
Total Number of Pages in This Submission		Attorney Docket Number	Breslin-1

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund
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<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks
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<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input type="checkbox"/> Other Enclosure(s) (please identify below)

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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	LaMorte & Associates
Signature	
Date	08/22/2003

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